# Even Start Continuation Application



#### Technical Assistance

Friday, March 13, 2009

Cheryl Hall Consultant Reneé De Mars-Johnson Supervisor

Infant/Toddler & Family Services
Office of Early Childhood
Education & Family Services



#### For the benefit of others:

- Please 'mute' your phone unless you have a question. This keeps your background noise from being broadcast.
- Do NOT put this call ON HOLD since then all participants hear your 'hold music.'
- Follow the directions emailed to you in your webinar participation confirmation.
- Any technical questions?



### Continuing eligibility

- State reviews for:
  - Progress toward meeting individual program goals
  - Utilizing evaluation for continuous improvement
  - Progress on the indicators of program quality developed by the state of Michigan
  - Implementation Improvement plans
  - 15 program elements



# What about the 2009-2010 application?

- Period of obligation and award amount -
  - Maximum amount -\$225,000
  - July 1, 2009-June 30, 2010



#### Basic Information - MEGS

- Initiate an application
  - Select BOTH Even Start & Local Contribution buttons
- Update all information as needed
  - email addresses
  - year of operation
  - date of most recent meeting
- Grant Contact and Fiscal Agent Information MEGS will prompt you to verify your information annually
- Partner Information
  - Evaluator Information
- Cover Page Information
- Assurances pages

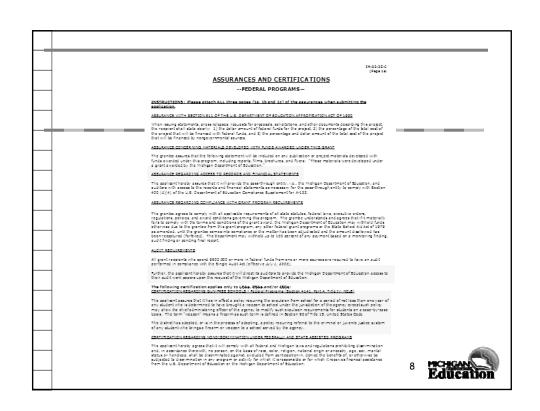


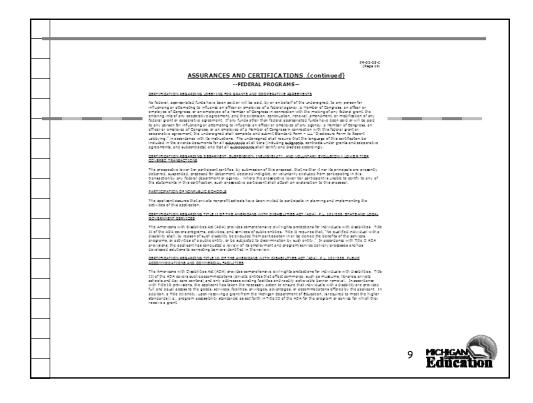
# Basic Information - Hard Copy

- Original signatures for applicant
  - Cover page
  - Assurances and Certifications pages
    - Three new assurances or sections
  - Certification for Participation in Collaborative Project page
    - Page 2
    - (including date of most recent meeting)



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	for funding will not be	FAMILY SERVICES 009, Lansing, Michiga	n 48909	to (517) 373-4483.		
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it will agree to	AND CERTIFICATIONS: By signing the perform all actions and support all inten-	tions stated in the Ass	uraness and Carof	cations on pages 1a, 1b, and	1	
	ply with all state and federal regulations information submitted on this applicati			gram. The appleant certifier	•	
	AUTHORIZED OFFICIAL:			DATE:		
TYPED NAME/T						
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1	SPECIFIC PROGRAM ASSURANCES		
	The following provisions are understood by the recipients of the great should it be awarded:		
1	<ol> <li>Grant award is approved and is not assignable to a third party without specific approval.</li> </ol>		
	<ol> <li>Aunds shall be expended in conformity with the budget. Une flow disrages and other deviations from the budget as attached to this good agreement must have prior approval from the beny Childhead Administrator of the Michigan Department of Bussian.</li> </ol>		
	<ol> <li>The Meligan Department of Education is not lable for any costs incurred by the grantee prior to the issuence of the grant exerci.</li> </ol>		
	<ol> <li>Payments made under the provision of this great are subject to audit by the greater.</li> </ol>		
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1	SIGNATURE OF AUTHORIZED SIGNATORY (Superintendent or Executive Director)		
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	CERTIFICATION FOR	PARTICIPA	TION IN COLLABORAT	TIVE PR	OJECT			
	INSTRUCTIONS:							
	Even Start projects must be submitted publicagency, institution of higher edu- should take the following action:	ediaboratively by a li eaten, er other publi	ood odustion agency and a communi comprises nongrofit organization. Ea	ity-based erg ach participal	panisation, ting agency			
	·····Ocalignate its own authorized repres	entative to sign the	milaborative certification form.					
	Bither accept administrative respon- fiscal agent.	ability for the project	or designate the other agency as the	e dministrati	ve and			
	Each of the undersigned certifies that, t	o the best of his or h	er knowledge, the information contain	ned in this ap	plastion is			
	correct and complete; that the agency that such authorization action is record administrative and fiscal agency named and is authorized to receive and expend	ed in the minutes of below has been des	the agency's meeting held on the date ignated as the administrative and fisc	s shown belor	w. The			
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	CERTIFICATION OF ENTITY DES	IGNATED ADMIN	ISTRATIVE AND FISCAL AGENT	T FOR THE	S PROJECT			
	Legal Name of Agency/District		Name and Title of Authorized Official					
	Halling Address of Agency/District		Signature of Authorized Official		Date Signed	4		
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### Key Personnel

- Hard copy ONLY (not MEGS)
- Key personnel form (duplicate as needed), page 3
  - lacksquare Checkboxes of components
  - Recommend listing staff NOT paid by Even Start on a separate form in order to reflect comprehensive programming
  - Include copies of staff credentials,
     NOT résumés, including Administrator
     Training certificate



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				KEY PERSONNE				(Page 3)	
	pages, if reeded. Duelieste this fo	rm as no	eded. R	verking in the Bren Start program. Atta- tefer to the federal legislation, section 12	35(5) for position:	equirements, 2nd	tructional staff or leads pareent of t	nadditenal ime funded	
	with the Even Start grant and elect	k any/al	lef the f	our comporents in which each staff mem	ber provides er su	pports instruction.			
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	POSITION/TITLE AND NAME	OF TIME	OF.	DEGREE(S)/ CERTIFICATION(S)	ADULT EDUCATION	CHILD HO OD EDUCATION	PARENTING EDUCATION	INTERACTIVE	
$\overline{}$	Project Cirector or Administrator	-							
	Adult Education, Early Childhood,	_							
	Parenting and Interactive Literacy Instructional Staff*								
		_							
		-							
		+							
	Paraprofessionals (for academic	+							
	Instructional Support)								
	Other professional support personnel	-							
	*Must provide names and certification	a of all l	nutru citic	on all staff paid out of Sven Start federal fu	nds. Sven Start in	struction occurs in	each of the comp	on ents of the	
	program.								
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# Abstract-Browse and link in <u>MEGS - ONLY</u>

- One page ONLY
  - Name of Applicant:
  - Project Name:
    - Statement of need (include target population)
    - Description of Project (also serves as summary)
      - Include # of families targeted to be served
      - Include three year age range of children targeted to be served
    - Qualifications of Key Personnel
    - Applicant's Commitment and Capacity
  - Put the year in the name of the abstract document attached.

### Budget - MEGS only

- "Even Start" is for the grant \$\$, AND
- Separate "Even Start Local Contribution"
  - \$225,000 maximum
  - Remember increasing local contribution
  - Use function codes in the drop down box
  - Help is everywhere, but particularly in "Add Budget Item"
  - Source of funds crucial for local contributions
  - Use UPDATED Public School Accounting Manual Appendix for definitions of functions and objects
  - OMB Circulars access through www.michigan.gov/evenstart

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## Common reasons for returns or delay of budget approval:

- Insufficient detail provided, i.e. "Teaching staff" instead of "EC classroom teachers (1 per site)"
- Detail provided doesn't match amount entered, i.e. "EC teaching staff; Cosmos @ 1.0 FTE @ \$54,869 salary, \$12,282 benefits; Saturn @ .75 FTE @ \$40,011 salary, \$11,018 benefits" and entries under salaries = \$70,000 (rather than sum = \$94,880), benefits = \$33,500 (rather than sum = \$23,300).
- Insufficient information in the local contribution detail, particularly the source of funds.



### Example from HELP - Local Contribution - "Add Budget Item"

To assist in sorting the entries, type the abbreviated name of the contractor, then a colon, then a brief description of the anticipated expenditure, adding the source of the contribution in the local contribution budget.

(Example: Pick 118 Preschool. In the Description, write the name of the service provider such as, "Child Development Board:," what the service being provided constitutes, "HappyKids, ece for birth-2 years," and how the expense being entered has been determined, "2.0 FTE teacher salary, then the source of the local contribution.") In this example, the entire Description entry would be "Child Development Board: HappyKids, ece for birth-2 years, 2.0 FTE teacher salary, DHS day care reimbursements."

INSTRUCT	TONS: The Budo	et Summary (1) an	d the Budget De	BUDG		or with the coo	neratio	n of the Busin	ess Offin	e usina th	IM-02-25 (Page 4)
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220	Instructional Staff S	ervices									
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240	School Administrati	on									
250	Business Services										
260	Operation and Main	tenance									
270	Pupil Transportation	n Services									
280	Central Support Ser	vices									
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# Project Implementation Improvement Plan - MEGS only

- Identify no more than 3 areas of focus for the upcoming program year.
- Each focus area will be identified through:
  - A process of data analysis and
  - Reflection on the program impact and participant outcomes, described in the box entitled: Data Based Challenge.
- A focus area will potentially address:
  - Multiple ES program elements &
  - Involve activities related to more than 1 of the 4 ES components.
- Each focus area will address:
  - Objectives
  - Action Steps
  - Scientifically-based reading research (SBRR)
  - Documentation of quality & monitoring for continuous improvement
  - Timelines
- Browse and upload as with the Abstract

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	Even Start Pro	oject Implementa	ntion Improvemen		M-01-25-C (Page 4)
Identified through a	process of data analysis and Program Elements and involve	reflection on program impact a	program year. It is expected this not participant outcomes. A focus one of the four Even Start Prog	area will potentially address	· ¬
Targeted Improv	ement Focus:				_
Objectives	Action Steps	Scientifically-based Research Foundation	Documentation of Quality and Monitoring for Continuous Improvement	Timeline	
					_
				20 1973	BCALL
				20 MG Ed	UCATIO

#### Narrative

- Professional Development Activities
- Review original program plan goals
- Discuss impact of reporting of state outcomes
- Submit one copy of most recent annual report of local evaluator, flagging and highlighting recommendations made to ensure improvement in the program, discuss those recommendations and any action(s) taken or to be taken.

### Application Checklist

- Attach checklist form (page 15) to the "original" application
- Confirmation of receipt will be faxed to the Applicant at the fax number listed on the form
- Check boxes and submit in listed order



### Both Hard copy & MEGS Application DUE April 10, 2009

Interim Data was DUE February 20, 2009 Final Data will be DUE July 21, 2009

#### Original and One Copy

Questions: Call 517.373.8483 or Email <u>hallc7@michigan.gov</u> or <u>demars-johnsonr@michigan.gov</u>

